REGION FMC CLASS TAG NO. CONTROL NO. AGENCY BUREAU  LOCATION OF ACCIDENT  TYPE OF ACCIDENT  (Check one)  COLLISION WITH ANOTHER  VEHICLE PARTS DAMAGED  VEHICLE PARTS DAMAGED  ESTIMATED AMOUNT OF DAMAGE (DOLLARS ONLY)													DATE														
TYPE OF ACCIDENT  COLLISION WITH ANOTHER VEHICLE  STRUCK STATIONARY OBJECT  RAN OFF ROAD  CONTROL NO. AGENCY BUREAU  AGENCY BUREAU  AGENCY BOAC:  DATE OF ACCIDENT  DRIVER (Last name and spaced initials)  VEHICLE PARTS DAMAGED  ESTIMATED AMOUNT OF DAMAGE (DOLLARS ONLY)		MOTOR VEHICLE ACCIDENT RESUME'													FORWARDED TO REG. OFFICE							RECEIVED BY REG. OFFICE					
TYPE OF ACCIDENT (Check one)  COLLISION WITH ANOTHER VEHICLE STRUCK STATIONARY OBJECT  RAN OFF ROAD  AGENCY BOAC:  DATE OF ACCIDENT  (Last name and spaced initials)  VEHICLE PARTS DAMAGED  VEHICLE PARTS DAMAGED  VEHICLE PARTS DAMAGED  STRUCK STATIONARY OBJECT	REGION	T	AG N	Ю.	СО	CONTROL NO.			AGENCY		REAU	AGENCY	AGENCY INVOLVED:														
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